

PERSONAL CARE SERVICES PROVIDER LOG

Department of Human Services

LOG #:

1. Case Name		Customer Name																													
4. Provider Name		Case Number															Customer ID														
CASE WORKER: Mark an X to show which tasks are approved. PROVIDER: Mark an X to show on which days of the month you assisted this client with any of the approved personal care tasks.		County					District					Section					Unit					Worker									
		Worker's Initials/Date Received															Date														

Month		Year		Days of the month																														
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	01. Eating/Feeding																																	
	02. Toileting																																	
	03. Bathing																																	
	04. Grooming																																	
	05. Dressing																																	
	06. Transferring																																	
	07. Mobility																																	
	08. Medication																																	
	09. Meal Preparation																																	
	10. Shopping																																	
	11. Laundry																																	
	12. Light Housework																																	

Month		Year		Days of the month																														
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	01. Eating/Feeding																																	
	02. Toileting																																	
	03. Bathing																																	
	04. Grooming																																	
	05. Dressing																																	
	06. Transferring																																	
	07. Mobility																																	
	08. Medication																																	
	09. Meal Preparation																																	
	10. Shopping																																	
	11. Laundry																																	
	12. Light Housework																																	

Month		Year		Days of the month																														
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	01. Eating/Feeding																																	
	02. Toileting																																	
	03. Bathing																																	
	04. Grooming																																	
	05. Dressing																																	
	06. Transferring																																	
	07. Mobility																																	
	08. Medication																																	
	09. Meal Preparation																																	
	10. Shopping																																	
	11. Laundry																																	
	12. Light Housework																																	

Are you satisfied with the services provided to you? ☐ YES ☐ NO Why not?:

I certify that I have provided all the services named above on the days indicated.

NOTE: Failure to return this form may result in delay or termination of payment. Return signed copy at least quarterly to the local office Adult Services worker.

Client's Signature	Date	Provider's Signature	Date
--------------------	------	----------------------	------

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

INSTRUCTIONS FOR COMPLETION OF THE DHS-721, PERSONAL CARE SERVICES PROVIDER LOG

The worker and each provider completes this form to document the approval and provision of personal care services for each day in the time period(s) indicated.

CASEWORKER

1. Enter customer, provider, worker information in the ID box.
2. Enter the appropriate service time period(s) (month/year) and check (X) which personal care tasks are to be provided as indicated by the needs assessment and service plan.
3. Give the form to the provider referencing the instructions given below.
4. When the completed form is returned, initial/date it in the box provided at the top of the form and file in the case record.
NOTE: The DHS-721 is being used in lieu of the paper invoices (DHS-2353) for AFC/HA providers and can remain in the resident's file at the facility. Workers are instructed to initial/date the form at the time of the client's review.

PROVIDER

1. Check (X) each day on which an approved task was provided for each month in the service time period(s).
2. Sign/date the form at the end of service time period to certify provision of the approved tasks.
3. Have the customer/employer review the form and sign/date it to verify the services were delivered as agreed.
4. Return the signed/dated form to the adult services worker at the end of the service time period.
NOTE: Failure to return the form may result in delay or termination of payments to the client/employer for these services.

CLIENT/EMPLOYER

1. Review the completed form to be sure all the approved tasks were done as certified by the provider.
2. Indicate if you are satisfied with the services.
3. Sign/date the form and direct the provider to return it to the adult services worker.
NOTE: Failure to return the form may result in delay or termination of payment for these services.

APPROVED PERSONAL CARE TASKS

1. **Eating/Feeding** – helping with use of utensils, cup/glass, getting food/drink to mouth, cutting up/manipulating food on plate, cleaning face and hands, as needed after a meal.
2. **Toileting** – helping on/off toilet, commode/bed pan, emptying commode/bed pan, managing clothing, wiping and cleaning body after toileting, cleaning ostomy and/or catheter tubes/receptacles, applying diapers and disposable pads; may include doing catheter, ostomy or bowel programs.
3. **Bathing** – helping with cleaning the body or parts of the body, shampooing hair, using tub or shower, sponge bathing, including getting a basin of water, managing faucets, soaping, rinsing and drying.
4. **Grooming** – helping to maintain personal hygiene and neat appearance, including hair combing, brushing, oral hygiene, shaving, fingernail and toe nail care (unless a physician advises no to do so).
5. **Dressing** – helping with putting on/taking off, fastening/unfastening garments/undergarments, special devices such as back/leg braces, corsets, artificial limbs or splints.
6. **Transferring** – helping to move from one position to another, such as from bed to or from a wheelchair or sofa, to come to a standing position and/or repositioning to prevent skin breakdown.
7. **Mobility** – helping with walking or moving around inside the living area, changing locations in a room, moving from room to room or climbing stairs.
8. **Medication** – helping with administering prescribed or over-the-counter medication.
9. **Meal Preparation** – helping with planning menus, washing, peeling, slicing, opening packages, cans and bags, mixing ingredients, lifting pots/pans, reheating food, cooking, operating stove/microwave, setting the table, serving the meal, washing/drying dishes and putting them away.
10. **Shopping** – helping to compile a list identifying needed items, picking up items at the store, managing cart/baskets, transferring items to home and storing them away.
11. **Laundry** – helping by getting laundry to machines, sorting, handling soap containers, placing laundry into machines, operating machine controls, handling wet laundry, drying, folding and storing laundry.
12. **Light Housework** – helping with sweeping, vacuuming, washing floors, washing kitchen counters and sinks, cleaning the bathroom, changing bed linen, taking out garbage/trash, dusting and picking up, bringing in fuel for heating/cooking purposes if necessary.